



Robert D. Heath Funeral Home, Inc.

William J. Heath, Supervisor • J. Matthew Heath, Director

61 East Shirley Street
MOUNT UNION, PA 17066
814-542-4581

U.S. Bankruptcy Court
Ronald Reagan Federal Building
P.O. Box 908
Harrisburg, PA 17108

RE: Bankruptcy of Roger L. Hinkle
Case Number: 1:15-bk-00804-RNO
Social Security Number: [REDACTED] 3832

May 12, 2015

U.S. BANKRUPTCY COURT

2015 MAY 15 AM 11:15

HARRISBURG, PA

day

Dear U.S. Bankruptcy Court:

The Robert D. Heath Funeral Home, Inc., 61 East Shirley Street, Mount Union, PA 17066, received notification that it was a listed creditor to a filed bankruptcy by Roger Hinkle. As co-owner of the Robert D. Heath Funeral Home, Inc., and as the person who dealt with Roger Hinkle, I would like to object to his request for a discharge of this debt and want to make a formal complaint or motion to this effect.

Roger Hinkle chose our funeral home to handle funeral services for his wife, Tiffani (McKim) Hinkle, who died in an auto accident on November 10, 2014. The funeral home performed services and provided merchandise selected by Roger Hinkle. The total amount of the funeral services were: \$11,235.00; and we received two donations, leaving a balance of: \$10,925.00. No payment was received from Roger Hinkle. He signed a contract at the time of funeral arrangements, obligating himself to pay the total funeral expenses no later than January 15, 2015. The bankruptcy notice was filed/entered on March 16, 2015, well after his obligation was due.

At the time of arrangements, I personally called ULTA, the firm where his wife was employed to check on Roger's claim that his wife had life insurance to cover the funeral expenses. I was informed by ULTA that there was coverage and Roger said the amount was for twenty thousand dollars. My argument for a denial of discharge of this particular debt is my understanding that there was adequate funds available through life insurance proceeds to pay for the funeral expenses and should have been paid well in advance of his filing for bankruptcy, as the dates indicate. In my way of thinking, this particular debt should have been paid with the insurance proceeds and nullifies our inclusion as a creditor in this filing. I had subsequent conversations with Roger concerning the status of the insurance and was assured by Roger that it was only a matter of time before it was paid. Later, he claimed there was an issue with the beneficiary. I must also conclude that he may have misrepresented himself, never divulging to me that he had serious financial problems.



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MOUNT UNION, PA 17066
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It is not practical for us to use an attorney with the amount the funeral home already has invested in this account and not knowing if the results would prove fruitful. So I ask for your indulgence in this matter. If there are other documents I need to present or if there is a fee involved, please contact me.

The attorney representing the debtor is: Richard L. Bushman, P.O. Box 51, 16767 Path Valley Road, Spring Run, PA 17262-0051 (Phone: 717-349-7657).

Thank-you for your time and consideration.

Sincerely,

A handwritten signature in cursive script that reads "John Matthew Heath".

John Matthew Heath, Co-owner
Robert D. Heath Funeral Home, Inc.

Name of debtor (if individual, enter Last, First, Middle)		Name of Joint Debtor (Spouse) (Last, First, Middle)	
Hinkle, Roger L. All Other Names used by the Debtor in the last 8 years: (Include married, maiden, and every alternate alias) Roger Lynn Hinkle Last four digits of Soc. Sec./Company EIN or other Tax ID No. (if more than one, state all): XXX-XX-3832 Street Address of Debtor (No. & Street, City, State, & Zip Code) 2119 Fort Loudon Rd. Mercersburg, PA 17238		WENNED 1:150000-RND Voluntary Petition (Indicate Chapter and whether Debtor is an individual or partnership) Chapter 11 Debtor is an individual All Other Names used by the Joint Debtor in the last 8 years: (Include married, maiden, and every alternate alias) Last four digits of Soc. Sec./Company EIN or other Tax ID No. (if more than one, state all): Street Address of Joint Debtor (No. & St., City, State & Zip Code)	
County of Residence of the Principal Place of Business, Trade, or Manufacturing of Debtor (if different from street address): Washington		County of Residence of the Principal Place of Business, Trade, or Manufacturing of Joint Debtor (if different from street address): Washington	
Location of Principal Assets of Business Debtor (if different from street address above):			
Type of Debtor (Form of Organization) (Check one box) <input checked="" type="checkbox"/> Individual (inc. joint debtor) Also answer D or empty (if not applicable) <input type="checkbox"/> Corporation (inc. LLC, LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If the debtor is not one of the above entities, check the box and State type of entity)		Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 <input type="checkbox"/> Chapter 16 <input type="checkbox"/> Chapter 19 <input type="checkbox"/> Chapter 20 <input type="checkbox"/> Chapter 21 <input type="checkbox"/> Chapter 22 <input type="checkbox"/> Chapter 23 <input type="checkbox"/> Chapter 24 <input type="checkbox"/> Chapter 25 <input type="checkbox"/> Chapter 26 <input type="checkbox"/> Chapter 27 <input type="checkbox"/> Chapter 28 <input type="checkbox"/> Chapter 29 <input type="checkbox"/> Chapter 30 <input type="checkbox"/> Chapter 31 <input type="checkbox"/> Chapter 32 <input type="checkbox"/> 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§ 17(c)(2) (new 1/2/03) Voluntary Redemptive Case-AMENDED (This case must be completed and filed in every case.) <u>Pro se filer's name (do not print title after the last 3 years if different from you, unless petitioner was entered).</u>		Name of Debtor: 1-15-DORR-RNO Roger L. Windsor	
Location Where filed: District:		Date filed	
DEBITORS When Notified: _____ Name of Debtor: _____ Claim Number: _____		CASE NUMBER Relationship: _____ Judge: _____	
<input type="checkbox"/> To be completed if the Debtor is required by the periodic reports (e.g., Form 10X and 10D) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11) <input type="checkbox"/> Exhibit A is attached and meets a part of the petition. <div style="text-align: center;">Exhibit C</div> <p style="font-size: small;">(To be completed if Debtor is an individual whose debts are primarily consumer debts.) I, the debtor, have no present or future income, assets, or other resources that I have or will receive from any source, except as provided in the United States Code and have applied Chapter 11 bankruptcy protection to my debts. I hereby request that the court be ordered to the debtor the notice required by 11 U.S.C.</p> <p style="text-align: right;">M/Ronald S. Bauman Bankruptcy Attorney for Debtor Date: 2013</p>		<div style="text-align: center;">Exhibit B</div> <p style="font-size: small;">(To be completed if Debtor is an individual whose debts are primarily consumer debts.) I, the debtor, have no present or future income, assets, or other resources that I have or will receive from any source, except as provided in the United States Code and have applied Chapter 11 bankruptcy protection to my debts. I hereby request that the court be ordered to the debtor the notice required by 11 U.S.C.</p>	
<div style="text-align: center;">EXHIBIT D</div> <p>(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D). <input type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition. <input type="checkbox"/> If it is a joint petition: <input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.</p>			
<div style="text-align: center;">Information Regarding the Debtor - Venue (Check all applicable box)</div> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in the District for 180 days immediately preceding the date of the petition or for a longer part of such 180-day time than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's estate, general partner or partnership pending in this District. <input type="checkbox"/> Chicago is a debtor's foreign proceeding, and there is a bankruptcy case of homologous nature in the United States in this District, or has no principal place of business or asset well served by service in regard to the relief sought in the District. 			
<div style="text-align: center;">Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes) (Name of landlord not obtained judgment) (Address of landlord)</div> <p><input type="checkbox"/> Landlord has a judgment against the debtor for possession of the debtor's residence. (If box checked, complete the following:)</p> <p><input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and</p> <p><input type="checkbox"/> Debtor has included in this petition the deposit with the court of any sum that would become due during the 30-day period after the filing of the petition.</p> <p><input type="checkbox"/> Debtor certifies that he/she has saved the landlord with this certification. (11 U.S.C. § 562(i))</p>			

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Name of Debtor:	1-15-00604-FRNC
Roger L. Hinkle	

Signature of Debtor (Individual)

I declare under penalty of perjury that the information provided in this petition is true and correct. If the petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 11, I am aware that I may proceed under chapter 7, 11, 12, or 13 of the U.S. Bankruptcy Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

If no attorney represents me and no bankruptcy/petition preparer signs the petition, I have obtained the read the notice required by 11 U.S.C. § 342(b) of the Bankruptcy Code.
I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

Roger L. Hinkle, Debtor

Telephone Number (if not represented by attorney)

DATE: 3/3/15

of Attorney

Mr. Richard L. Richardson, Esquire
Richard L. Richardson, Esquire
16767 Passaic Valley Road
PO Box 51
Spring Run, PA 17262-0051
TEL: (717) 348-7657
FAX: (717) 349-2862

DATE: 2/9/2015

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of Title 11 of the United States Code, specified in the petition.

Signature of Authorized Individual

Printed Name of Authorized Individual: _____

Title of Authorized Individual:

Dashed }

Signature of A Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign main proceeding, and that I am authorized to file this petition. A certified copy of the order granting recognition is attached.

(Check only one box.)

☐ **Request relief in accordance with chapter 15 of title 11, United States Code.** Certified copies of the documents required by 11 U.S.C. § 1515 are attached.

(Signature of Foreign Representative)

(Printed Name of Foreign Representative)

(Date)

Signature of Non-Authority Person Preparing

[illegible]

Social Security number (if the bankruptcy petition proponent is not an individual, state the name, title (if any), address, and social security number of this officer, principal, responsible person, or partner who signs this document.) (Required by 11 U.S.C. § 110.)

Address _____

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person or partner whose social security number is provided above.

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual.

A bankruptcy petition preparer's failure to comply with the provisions of the 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 114; 18 U.S.C. § 154.

Robert D. Heath Funeral Home, Inc.

61 East Shirley Street
Mount Union, Pennsylvania 17066
(814) 542-4381
William J. Heath, Supervisor
U. Matthew Heath, Director

DECEASED Tiffany Hinkle No. _____
DATE OF DEATH November 10, 2014
PLACE OF DEATH Altoona, Pa.
DATE OF STATEMENT November 11, 2014

A. CHARGE FOR SERVICES SELECTED

1. Professional Services:

Basic Services of Funeral Director & Staff incl.
Embalming incl.
Other preparation of body incl.

2. Facilities, Equipment & Staff:

Use of Facilities & Staff for Viewing / Visitation incl.
Use of Facilities & Staff for Funeral Ceremony incl.
Use of Facilities & Staff for Memorial Service incl.
Use of Equipment & Staff for Graveside Service incl.
Use of Equipment & Staff for Church Service

3. Transportation:

Transfer of Remains to Funeral Home incl.
Hearse incl.
Limousine
Sedan
Service / Utility Vehicle incl.

4. Other Services / Facilities / Equipment:

TOTAL OF SERVICES SELECTED \$ 4210.00

B. CHARGE FOR MERCHANDISE SELECTED

Casket (or other receptacle) Batesville Casket Co. 4010.00
Name/No. Pearl, 18 Ga. Steel
Material
Color

Outer Burial Container Ray Vault Co. 1090.00
Name/No. 8 Concrete Vault
Material

Acknowledgement Cards
Register Book
Memory Folders / Prayer Cards
Clothing
Cremation Urn

TOTAL OF MERCHANDISE SELECTED \$ 5100.00

C. SPECIAL CHARGES

☐ Forwarding remains to: _____ ☐ Receiving remains from: _____

Immediate Burial
Direct Cremation Altoona to MU 180.00
Other 180.00
TOTAL OF SPECIAL CHARGES \$ 180.00

TOTAL FUNERAL HOME CHARGES \$ 9490.00
(This total does not include Cash Advances)

STATEMENT OF FUNERAL GOODS AND SERVICES SELECTED

Charges are only for those items that you selected or that are required. If we are required by law or by a cemetery or crematory to use any items, we will explain the reasons in writing below.

If you selected a funeral that may require embalming, such as a funeral with viewing, you may have to pay for embalming. You do not have to pay for embalming you did not approve if you selected arrangements such as a direct cremation or immediate burial. If we charged for embalming, we will explain why below.

CASH ADVANCES

Certified Copies of Death Certificate

10 @ \$ 6.00 each / \$ 60.00

Clergy

Musician

Paid Newspaper Notice

40.00

Cemetery Haven Rest - 2 Spaces 770.00

Haven Rest - Grave 425.00

Other Flowers - Top Spray 400.00

TOTAL CASH ADVANCES \$ 1695.00

We charge you for our services in obtaining (specify cash advance items):
N/A

SUMMARY

Total Funeral Home Charges \$ 9490.00

Local Sales Tax (if applicable)

State Sales Tax (if applicable)

Total Cash Advances \$ 1695.00

GRAND TOTAL 11,185.00

Less Credits and Payments

.....

Total Credits

.....

BALANCE DUE 11,185.00

Billing To Roger Hinkle

Marersburg, Pa.

DISCLOSURES

Reason for embalming Permission granted by family.

If any law, cemetery or crematory requirements have required the purchase of any items listed, the law or requirement is explained below.

Outside Receptacle - Cemetery

ACKNOWLEDGEMENT AND AGREEMENT

I hereby acknowledge that I have the legal right to arrange the final services for the deceased, and I authorize this funeral establishment to perform services, furnish goods, and incur outside charges specified on this Statement. I acknowledge that I have received the General Price List and the Casket Price List and the Outer Burial Container Price List.

Terms of Payment: Full payment in 60 days

Full payment is due no later than January 15, 2015

If any payment is not paid when due, an anticipated LATE CHARGE of 5 % per month (ANNUAL PERCENTAGE RATE 6 %) on the unpaid balance will be due. I agree to pay the Balance Due listed on this Statement, plus any Late Charge. In the event I default in payment to this funeral establishment, I agree to pay reasonable attorney's fees and court costs in addition to any Late Charge applicable. I understand and agree that I am assuming personal liability for the charges set forth in this Statement and that this is in addition to the liability imposed by law upon the estate of the deceased. By my signature below, I hereby agree to all of the above and acknowledge receipt of a copy of this Statement.

Signed [Signature] 11/11/14 Dated

Social Security Number

Signed

ACCEPTANCE: This funeral establishment agrees to provide all services, merchandise and cash advances indicated on this Statement.

[Signature]